

**MULTIPLE DEPENDENT CLAIM
FEB CALCULATION SHEET
(FOR USE WITH FORM 170-37)**

SERIAL NO.
001400391
AFFIDAVIT

FILED DATE

CLAIMS

	AS FILED		AFTER 1st ASSIGNMENT		AFTER 2nd ASSIGNMENT	
	MO.	DEF.	MO.	DEF.	MO.	DEF.
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49						
50						
TOTAL MO.	15		15			
TOTAL DEF.	32		32			
TOTAL	47		47			

	MO.	DEF.	MO.	DEF.	MO.	DEF.
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TOTAL DEF.						
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